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Image# 14960528589

**FEC** 

#### **REPORT OF RECEIPTS AND DISBURSEMENTS**

FURIVI 3A   1	For Other Than An Autho	orized Committee		Office Use Only
1. NAME OF	TYPE OR PRINT ▼	Example: If typing, type	12FE4M5	
COMMITTEE (in full)		over the lines.	12111115	
AMERICAN SOCIETY	OF INTERVENTIONA	L PAIN PHYSICIAI	N PAC	
ADDRESS (number and street)	2831 Lone Oak Road			
Check if different than previously reported. (ACC)	Paducah		KY	42003
2. FEC IDENTIFICATION N	UMBER ▼ CITY	<b>A</b>	STATE A	ZIP CODE ▲
C C00351197	3. IS TREE		OR (A)	ENDED
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	Report Due On:	0 (M2) May 20 0 (M3) Jun 20 (		Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (0	Apr 20			0 (M10) Jan 31 (YE)
July 15 Quarterly Report (C	(c) 12-Day	Primary (12P)  Convention (12C)	General (1	
October 15 Quarterly Report (C	·	M M / D D	/	in the
January 31 Year-End Report (Y	(E) Election	on		State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30	Special (30S)
Termination Report (TER)		on M M / D D	/	in the State of
5. Covering Period 02		through 0	2 28	2014
I certify that I have examined th	nis Report and to the best of m	ny knowledge and belief it	is true, correct and	complete.
Type or Print Name of Treasure	•			
Signature of Treasurer Laxn	naiah Manchikanti MD	[Electronically Filed]	Date 03	20 / 2014
NOTE: Submission of false, erron	eous, or incomplete information	may subject the person sign	ing this Report to the	e penalties of 2 U.S.C. §437q.
Office Use				FEC FORM 3X Rev. 12/2004
Only				110V. 12/2004

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

#### AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

11	Report Covering the Period: From:	02 01 2014 T	COLUMN B
		This Period	Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  2014		337435.46
	(b) Cash on Hand at Beginning of Reporting Period	357996.81	
	(c) Total Receipts (from Line 19)	32473.73	74494.21
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	390470.54	411929.67
<b>'</b> .	Total Disbursements (from Line 31)	17423.29	38882.42
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	373047.25	373047.25
).	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

R	eport Covering the Period: From: 02		02 28 2014				
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
11.	Contributions (other than loans) From:  (a) Individuals/Persons Other  Than Political Committees						
	(i) Itemized (use Schedule A)	27129.49	68310.31				
	(ii) Unitemized(iii) TOTAL (add	25.00	583.67				
	Lines 11(a)(i) and (ii)	27154.49	68893.98				
	(b) Political Party Committees	0.00	0.00				
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00				
12	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)  Transfers From Affiliated/Other	27154.49	68893.98				
	Party Committees	0.00	0.00				
13.	All Loans Received	0.00	0.00				
	Loan Repayments Received  Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00				
16.	(Carry Totals to Line 37, page 5)	0.00	0.00				
17	to Federal Candidates and Other Political Committees	0.00	0.00				
	Other Federal Receipts (Dividends, Interest, etc.)  Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	5319.24	5600.23				
	(from Schedule H3)	0.00	0.00				
	(b) Levin Funds (from Schedule H5)	0.00	0.00				
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	32473.73	74494.21				
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	32473.73	74494.21				

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures:  (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Guionadi Todi to Bato
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		7
	Expenditures	2423.29	6382.42
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	2423.29	6382.42
	Transfers to Affiliated/Other Party		7
	Committees	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	15000.00	32500.00
	Independent Expenditures	0.00	0.00
	(use Schedule E)	7 7 7	
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	Other Disbursements	0.00	0.00
	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	17423.29	38882.42
	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	17423.29	38882.42

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	27154.49	68893.98
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27154.49	68893.98
3. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	2423.29	6382.42
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	2423.29	6382.42

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)								
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or for commercial purposes, other than using t	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	TERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial)  Steve Aydin MD		Date of Receipt
Mailing Address 85 Walsh Drive		02 06 2014
City Mahwah	State Zip Code NJ 07430	Transaction ID : SA11AI.11007
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  365.00
Name of Employer	Occupation	Contribution
Self Receipt For:	Physician  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  Timothy Beacham MD  Mailing Address 357 South Ganwyn Park Dr	ive	Date of Receipt
City	State Zip Code	02 27 2014 Transaction ID : SA11AI.11053
Greenville  FEC ID number of contributing federal political committee.	MS 38701	Amount of Each Receipt this Period  167.00
Name of Employer Premier Anesthesia	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  334.00	
Full Name (Last, First, Middle Initial)  Deffrey Berg MD	·	Date of Receipt
Mailing Address 12206 Lucas Lane		02 112014 _
City Louisville	State Zip Code KY 40223	Transaction ID : SA11AI.11008  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional).		782.00
TOTAL This Period (last page this line number	<u>·</u>	

Use separate schedule(s) for each category of the Detailed Summary Page

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UI	tor commercial purposes, other than using the	name and address of any political committee to	SOIICIL COMMINUMENTS HOME SUCH COMMINUME.
$\rangle$	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTE	RVENTIONAL PAIN PHYSICIAN	PAC
۱.	Full Name (Last, First, Middle Initial)  Donald Bernardini MD  Mailing Address 2729 Broad Bay Road		Date of Receipt  O2 19 2014
-	City Virginia Beach FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code VA 23451  C Occupation	Transaction ID: SA11AI.11034  Amount of Each Receipt this Period  250.00  Contribution
	Self  Receipt For:  Primary General  Other (specify) ▼	Physician  Aggregate Year-to-Date ▼  250.00	
3.	Full Name (Last, First, Middle Initial) Bill Berryman MD Mailing Address 1810 Stadium Drive		Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
	City Phenix City	State Zip Code AL 36867	Transaction ID : SA11AI.11017  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Phenix City Pain Management	Occupation Physician	Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00	
).	Full Name (Last, First, Middle Initial) Sarah Blake MD		Date of Receipt
	Mailing Address 914 Neil Avenue		02 18 2014
-	City Columbus	State Zip Code OH 43215	Transaction ID : SA11AI.11018  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer  Self  Receipt For:  Primary  General  Other (specify)	Occupation Physician Aggregate Year-to-Date ▼  250.00	Contribution
SI	JBTOTAL of Receipts This Page (optional)		1500.00
TC	OTAL This Period (last page this line number o	nly)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	8	OF	20
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UI	ioi commerciai purposes, other than using the	name and address of any political committee to	SOIICIT COMMINUTIONS HOME SUCH COMMINUTE.
$\rangle$	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTE	RVENTIONAL PAIN PHYSICIAN	PAC
١.	Full Name (Last, First, Middle Initial) Thomas Brooks MD Mailing Address 619 S. 184 Street		Date of Receipt  M - M / D - D / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
	City Elkhora  FEC ID number of contributing federal political committee.  Name of Employer Self Receipt For: Primary General Other (specify)   Other (specify)	State Zip Code NE 68022  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Transaction ID : SA11AI.11027  Amount of Each Receipt this Period  250.00  Contribution
3.	Full Name (Last, First, Middle Initial) Anjun Bux MD  Mailing Address P.O. Box 264  City Danville  FEC ID number of contributing federal political committee.  Name of Employer Danville Anesthesia  Receipt For:  Primary General Other (specify)	State Zip Code KY 40423  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>.</b>	Full Name (Last, First, Middle Initial)  Aaron Calodney, MD  Mailing Address P.O. Box 130577  City Tyler  FEC ID number of contributing federal political committee.  Name of Employer  Self  Receipt For:  Primary Other (specify)	State Zip Code TX 75713  C  Occupation Physician  Aggregate Year-to-Date ▼	Date of Receipt    M
SI	UBTOTAL of Receipts This Page (optional)	·····	750.00
T	OTAL This Period (last page this line number o	nly)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	g the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	NTERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial)  A. Roland Chalifoux DO  Mailing Address 1001 W. Baltimore St.		Date of Receipt
City	State Zip Code	02 11 2014 Transaction ID : SA11AI.11011
McMechen	WV 26040	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	Contribution
Valley Pain Management	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  Kenneth Chapman MD		Date of Receipt
Mailing Address 860 Fifth Avenue		02 06 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.10998
New York	NY 10065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	Contribution
The Spine and Pain Institute	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  5000.00	
Full Name (Last, First, Middle Initial)  Edward Chen MD		Date of Receipt
Mailing Address 2840 West Bay Dr. #227		02
City Belleair Bluffs	State Zip Code FL 33770	Transaction ID : SA11AI.10999  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	Contribution
Self	Physician	-
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional	ıl) <b>&gt;</b>	6365.00
TOTAL This Period (last page this line num	nber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial)  Edward Chen MD  Mailing Address 2840 West Bay Dr.  #227  City  Belleair Bluffs	State Zip Code FL 33770	Date of Receipt  02 18 2014  Transaction ID: SA11AI.11022  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  Self  Receipt For:  Primary  Other (specify)	Occupation Physician  Aggregate Year-to-Date ▼  615.00	250.00  Contribution
Full Name (Last, First, Middle Initial)  3. James Culver MD  Mailing Address 6263 Canter Creek Trail		Date of Receipt  02 11 2014
City Grand Blanc	State Zip Code MI 48439	Transaction ID : SA11AI.11014  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Pain Management Center  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  365.00	- Contribution
Full Name (Last, First, Middle Initial)  Mark Filley MD  Mailing Address 10507 E. Wildwind Cir.		Date of Receipt  02 26 2014
City Spring	State Zip Code TX 77380	Transaction ID : SA11AI.11050  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  Self  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  615.00	Contribution
SUBTOTAL of Receipts This Page (optional)		865.00
TOTAL This Period (last page this line numb	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) James Fontaine MD  Mailing Address 5725 W. Las Positas		Date of Receipt
#200 City Augusta	State Zip Code GA 30917	02 24 2014  Transaction ID : SA11AI.11037  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	250.00 Contribution
Augusta Pain Center  Receipt For:  Primary  General  Other (specify)	Physician  Aggregate Year-to-Date ▼  250.00	_
Full Name (Last, First, Middle Initial)  Michel Gevaert MD  Mailing Address 3801 University Lake Drive		Date of Receipt  02 24 2014
City Anchorage  FEC ID number of contributing	State Zip Code AK 99508	Transaction ID : SA11AI.11040  Amount of Each Receipt this Period  250.00
Name of Employer Alaska Spine Institute Receipt For:	Occupation Physician  Aggregate Year-to-Date ▼	- Contribution
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Carlos Giron MD  Mailing Address 3356 Vineville Ave		Date of Receipt  02 06 2014
City Macon	State Zip Code GA 31204	Transaction ID : SA11AI.11000  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Pain Institute of Georgia Receipt For:	Occupation Physician	_ Contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional	)	865.00
TOTAL This Period (last page this line numl	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	g the name and address of any political committee t	o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	NTERVENTIONAL PAIN PHYSICIAN	N PAC				
Full Name (Last, First, Middle Initial)  Scott Glaser MD  Mailing Address 134 E 4th Street		Date of Receipt				
City Hinsdale FEC ID number of contributing	State Zip Code IL 60521	02 27 2014  Transaction ID : SA11AI.11054  Amount of Each Receipt this Period				
federal political committee.  Name of Employer  Pain Spec.of Greater Chicago  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  608.32	304.16  Contribution				
Full Name (Last, First, Middle Initial)  Perry Haney MD  Mailing Address P.O. Box 6680		Date of Receipt  02 06 2014				
City Denver  FEC ID number of contributing federal political committee.	State Zip Code CO 80206	Transaction ID : SA11AI.11001 Amount of Each Receipt this Period 365.00				
Name of Employer  Spine One, Inc.  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  365.00	Contribution				
Full Name (Last, First, Middle Initial) James Hough MD  Mailing Address 5614 Foxfire Lane  City	State Zip Code	Date of Receipt  02 26 2014				
Lohman  FEC ID number of contributing federal political committee.	MO 65053	Transaction ID : SA11AI.11051  Amount of Each Receipt this Period  1000.00				
Name of Employer  Anesthesia Pain Specialists  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  1000.00	_ Contribution				
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	1669.16				
TOTAL This Period (last page this line num	nber only)					

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	N PAC				
Full Name (Last, First, Middle Initial)  Paul Hubbell MD  Mailing Address 2701 Lake Villa Dr		Date of Receipt				
City  Metairie  FEC ID number of contributing federal political committee.  Name of Employer  Southern Pain  Receipt For:  Primary  General  Other (specify) ▼	State Zip Code LA 70002  C  Occupation Physician  Aggregate Year-to-Date ▼  833.32	02 27 2014  Transaction ID : SA11AI.11055  Amount of Each Receipt this Period  416.66  Contribution				
Full Name (Last, First, Middle Initial)  Donald Jones MD  Mailing Address 200 New York Avenue	Donald Jones MD  Mailing Address 200 New York Avenue					
City Oak Ridge  FEC ID number of contributing federal political committee.	State Zip Code TN 37830	Transaction ID : SA11AI.11023  Amount of Each Receipt this Period  5000.00				
Name of Employer Comprehensive Pain  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  5000.00	Contribution				
Full Name (Last, First, Middle Initial)  Dan Kloster MD  Mailing Address 4021 Brookridge Drive  City Fairway	State Zip Code KS 66205	Date of Receipt  02 06 2014  Transaction ID: SA11AI.11004				
Fallway  FEC ID number of contributing federal political committee.  Name of Employer  Interventional Pain Management  Receipt For:  Primary General Other (specify)	C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Amount of Each Receipt this Period  500.00  Contribution				
SUBTOTAL of Receipts This Page (optional	)	5916.66				
TOTAL This Period (last page this line numl	per only)					

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		14	OF	20	
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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTE	ERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial)  Jonathan Kuo MD  Mailing Address 350 Broadway Suite 200  City New York  FEC ID number of contributing federal political committee.  Name of Employer  Self  Receipt For: Primary Other (specify)  Full Name (Last, First, Middle Initial)	State Zip Code NY 10013  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt    M M
Benjamin Lampert MD  Mailing Address 4367 E. Bogey Ct.  City Springfield  FEC ID number of contributing federal political committee.  Name of Employer St. John's Physicians  Receipt For:  Primary General Other (specify)	State Zip Code MO 65809  C  Occupation Physician  Aggregate Year-to-Date ▼	Date of Receipt    02
Full Name (Last, First, Middle Initial)  Nancy Layton MD  Mailing Address 4663 N. US Hwy 1  City Melbourne  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary Other (specify)	State Zip Code FL 32935  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  O2 24 2014  Transaction ID: SA11AI.11042  Amount of Each Receipt this Period  250.00  Contribution
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number	<u> </u>	1500.00

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial)  A. Eric Loudermilk MD  Mailing Address 112 Carter Oak Rdg.		Date of Receipt
City Anderson  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code SC 29621  C Occupation	7 Transaction ID : SA11AI.11028  Amount of Each Receipt this Period  250.00  Contribution
Self Receipt For:  Primary General  Other (specify) ▼	Physician  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Malik Momin MD  Mailing Address 6271 Ryecroft Drive		Date of Receipt  O2 24 2014
City Harrisburg  FEC ID number of contributing federal political committee.	State Zip Code PA 17111  C	Transaction ID : SA11AI.11048  Amount of Each Receipt this Period  250.00
Name of Employer Susquehanna Valley  Receipt For:  Primary General Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  250.00	Contribution
Full Name (Last, First, Middle Initial)  Allan Parr MD  Mailing Address 7015 Highway 190 East S		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Covington  FEC ID number of contributing federal political committee.	State Zip Code LA 70433	Transaction ID : SA11AI.10996  Amount of Each Receipt this Period  5000.00
Name of Employer  Premier Pain Center  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  5000.00	Contribution
SUBTOTAL of Receipts This Page (optional)	<b></b>	5500.00
TOTAL This Period (last page this line number	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Francis Riegler MD  Mailing Address 3827 Castlerock Rd.		Date of Receipt
City Malibu  FEC ID number of contributing federal political committee.  Name of Employer Universal Pain Mgmt.  Receipt For: Primary General Other (specify)	State Zip Code CA 90265  C  Occupation Physician  Aggregate Year-to-Date ▼  333.34	Transaction ID : SA11AI.11056  Amount of Each Receipt this Period  166.67  Contribution
Full Name (Last, First, Middle Initial) Christopher Russo MD Mailing Address 201 W. Fulton Street		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Grand Rapids  FEC ID number of contributing federal political committee.	State Zip Code MI 49503	Transaction ID : SA11AI.11031  Amount of Each Receipt this Period  250.00
Name of Employer Javery Pain Institute  Receipt For:  Primary General Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  250.00	- Contribution
Full Name (Last, First, Middle Initial) Francis Saldanha MD  Mailing Address 4507 Staunton Avenue  City Charleston	State Zip Code WV 25304	Date of Receipt  02 26 2014  Transaction ID : SA11AI.11052
FEC ID number of contributing federal political committee.  Name of Employer  Self  Receipt For:  Primary  Other (specify)	Occupation Physician  Aggregate Year-to-Date ▼  250.00	Amount of Each Receipt this Period  250.00  Contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	666.67
TOTAL This Period (last page this line numb	per only)	

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or for commercial purposes, other than using	g the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIA	N PAC
Full Name (Last, First, Middle Initial) Sadiq Sohani MD  Mailing Address 19 Conventry		Date of Receipt
City Dalton  FEC ID number of contributing federal political committee.  Name of Employer  CSPM  Receipt For:  Primary General Other (specify) ▼	State Zip Code GA 30720  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	December 2014  Transaction ID: SA11AI.11024  Amount of Each Receipt this Period  250.00  Contribution
Full Name (Last, First, Middle Initial)  Selina Xing MD  Mailing Address 620 Stanton-Christiana Receits	oad State Zip Code	Date of Receipt  02 24 2014  Transaction ID: SA11AI.11045
Newark  FEC ID number of contributing federal political committee.	DE 19713	Amount of Each Receipt this Period  250.00  Contribution
Name of Employer AdvanceXing Pain  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Allan Zacher MD  Mailing Address 44 Armstrong Dr.  City	State Zip Code	Date of Receipt  02 24 2014  Transaction ID : SA11AI.11049
Lake Junaluska  FEC ID number of contributing federal political committee.  Name of Employer  Self  Receipt For:  □ Primary □ General  Other (specify) ▼	NC 28745  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Amount of Each Receipt this Period  250.00  Contribution
SUBTOTAL of Receipts This Page (optional	I)	750.00
TOTAL This Period (last page this line num	ber only)	27129.49

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NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTI	ERVENTIONAL PAIN PHYSICIAN	PAC		
Full Name (Last, First, Middle Initial)  Bantera Bank  Mailing Addross 3454 Jackson Street		Date of Receipt		
Mailing Address 3151 Jackson Street	7. 0 1	02 28 2014		
City Paducah	State Zip Code KY 42003	Transaction ID : SA17.11065  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	15.89		
Name of Employer	Occupation	Monthly earned interest		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  296.88			
Full Name (Last, First, Middle Initial)  Bantera Bank		Date of Receipt		
Mailing Address 3151 Jackson Street  City	State Zip Code	02 28 2014 Transaction ID : SA17.11067		
Paducah	KY 42003	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	271.78		
Name of Employer	Occupation	Dividends earned		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  568.66			
Full Name (Last, First, Middle Initial)  C. Bantera Bank		Date of Receipt		
Mailing Address 3151 Jackson Street		02 28 2014		
City Paducah	State Zip Code KY 42003	Transaction ID : SA17.11068  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	5031.57		
Name of Employer	Occupation	Change in investment		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  5600.23			
SUBTOTAL of Receipts This Page (optional)	•	5319.24		
TOTAL This Period (last page this line number	only)	5319.24		

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Transaction ID : SB218.11063  Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC  Full Name (Last, First, Middle Initial)  A. Bantera Bank  Mailing Address 3151 Jackson Street  City Paducah President Office Sought:   House President President City State   Zip Code KY 42003 Purpose of Disbursement President City State   Zip Code KY 42003 Purpose of Disbursement Brokerage fees Candidate Name  City City State   Zip Code KY 42003  Purpose of Disbursement Brokerage fees Candidate Name  Category/ Type  Date of Disbursement  Date of Disbursement  Date of Disbursement  Transaction ID : SB218.11063  Amount of Each Disbursement this Per  Category/ Type  Transaction ID : SB218.11064  Amount of Each Disbursement this Per  Category/ Type  Transaction ID : SB218.11064  Transacti	SC	HEDULE B (FEC Form 3X)			NUMBER: PAGE 19 OF 20			
Transaction ID: SB21B.11063  Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of Seliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC  Full Name (Last, First, Middle Initial)  A. Bantera Bank  Mailing Address 3151 Jackson Street  City State Zip Code KY 42003  Purpose of Disbursement Peyment for credit card fees  Candidate Name  Category' Type  Office Sought: House Senate Primary General President State: District:  Full Name (Last, First, Middle Initial)  B. Bantera Bank  Mailing Address 3151 Jackson Street  City State Zip Code Primary General President State: District:  Full Name (Last, First, Middle Initial)  B. Bantera Bank  Mailing Address 3151 Jackson Street  City State Zip Code Probursement For: Category' Type  Office Sought: House Senate Primary General Primary General President State: District:  Full Name (Last, First, Middle Initial)  B. Bantera Bank  Mailing Address 3151 Jackson Street  City State Zip Code Probursement For: Category' Type  Office Sought: House Disbursement For: Senate Primary General President State: District:  Full Name (Last, First, Middle Initial)  C. Category' Type  Office Sought: House President Disbursement For: Amount of Each Disbursement this Per Category' Type  Office Sought: House President Disbursement For: Senate Primary General Disbursement This Per Category' Type  Office Sought: House President Disbursement For: Senate Primary General Disbursement This Per Category' Type  Office Sought: House President Disbursement For: Senate Primary General Disbursement For: District: Senate Primary General Disbursement For: District		,	Use separate schedule(s	FOR LINE NUMBER: PAGE 19 OF				
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC  Full Name (Last, First, Middle Initial)  A. Bantera Bank  Mailing Address 3151 Jackson Street  City State Zip Code RY 42003  Purpose of Disbursement Por:  Persident Primary General Primary General Biotecage fees  Candidate Name  Category/ 1/19/P  Office Sought: House Disbursement For:  Full Name (Last, First, Middle Initial)  B. Bantera Bank  Mailing Address 3151 Jackson Street  City State Zip Code RY 42003  Purpose of Disbursement Biotecage fees  Candidate Name  Cardidate Name  Category/ Type  Office Sought: House Disbursement For:  President Biotecage fees  Candidate Name  Cardidate Name  Cardidate Name  Cardidate Name  Category/ Type  Office Sought: House Disbursement For:  President State: District:  Full Name (Last, First, Middle Initial)  State: District:  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Per Category/ Type  Office Sought: House Disbursement For:  Candidate Name  Category/ Type  Office Sought: House President Senate Primary General Primary General President State:  Date of Disbursement this Per Category/ Type  Amount of Each Disbursement this Per Category/ Type  Office Sought: House President Primary General P								
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Senate President Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  B. Bantera Bank  Mailing Address 3151 Jackson Street  City Paducah KY 42003  Purpose of Disbursement Brokerage fees  Candidate Name  Category/ Type  Other (specify) ▼  Date of Disbursement  Transaction ID: SB21B.11064  Amount of Each Disbursement this Per Category/ Type  Other (specify) ▼  Date of Disbursement this Per Category/ Type  Other (specify) ▼  Amount of Each Disbursement this Per Category/ Type  Office Sought: House Disbursement For:  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  Other (specify) ▼  Amount of Each Disbursement this Per Category/ Type  Office Sought: House Disbursement For:  Senate President Disbursement For:  Senate Primary General Other (specify) ▼  Amount of Each Disbursement this Per Category/ Type  Office Sought: House Disbursement For:  Senate President Disbursement For:  Senate President Disbursement For:  Senate Primary General Other (specify) ▼					2084.58			
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State: District:  Full Name (Last, First, Middle Initial)  B. Bantera Bank  Mailing Address 3151 Jackson Street  City Paducah Purpose of Disbursement Brokerage fees Candidate Name  Category/ Type  Office Sought: House President State: District:  Mailing Address  City State Zip Code KY 42003  Transaction ID: SB21B.11064  Amount of Each Disbursement this Per  Category/ Type  Disbursement For: Senate Primary General Other (specify)   Date of Disbursement this Per  Category/ Type  Date of Disbursement this Per  Category/ Type  Office Sought: House Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)   Office Sought: House Senate Primary General Other (specify)   Office Sought: Other (specify)   Oth		Senate	Primary General					
B. Bantera Bank  Mailing Address 3151 Jackson Street  City State Zip Code KY 42003  Purpose of Disbursement Brokerage fees  Candidate Name Disbursement For:  State: District:  Full Name (Last, First, Middle Initial)  C. Mailing Address  City State Zip Code Purpose of Disbursement For:  State: Disbursement For:  Category/ Type  Other (specify) ▼  Date of Disbursement this Per Category/ Type  Date of Disbursement this Per Category/ Type  Amount of Each Disbursement  Category/ Type  Other (specify) ▼  Amount of Each Disbursement this Per Category/ Type  Office Sought: House Disbursement For:  Candidate Name Candidate Name Category/ Type  Office Sought: House Disbursement For:  Senate Primary General Candidate Name  Office Sought: House Disbursement For:  Senate Primary General Category/ Type  Other (specify) ▼  State: District:		President	Other (specify) ▼					
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City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  State: District:								
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  State: District:		Mailing Address						
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  State: District:								
Candidate Name  Category/ Type  Office Sought: House Disbursement For:  Senate Primary General Other (specify) ▼  State: District:		City	State Zip Code					
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President Other (specify) ▼ State: District:								
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TOTAL This Period (last page this line number only)		TAL This David (last range this Parameter 1)			2423.29			

SCHEDULE B (FEC Form 3X)	T FOR LINE	FOR LINE NUMBER: PAGE 20 OF 20					
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	TOMBETT:				
II LIVIIZED DIGDUNGLIVIEN IG	for each category of the Detailed Summary Page	21b	22 🔀 23 24 25 26				
	Detailed Suffilliary Page	27	28a 28b 28c 29 30k				
Any information copied from such Reports and State							
or for commercial purposes, other than using the na	me and address of any politic	al committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
AMERICAN SOCIETY OF INTER	/ENTIONAL PAIN P	HYSICIAN	PAC				
Full Name (Last, First, Middle Initial)		1					
A. JOHN S FUND			Date of Disbursement				
OCHIN OT ONE			M M / D D / Y Y Y				
Mailing Address PO BOX 853			02 25 2014				
0.11	O						
City EDWARDSVILLE	State Zip Code IL 62025		Transaction ID: SB23.11060				
Purpose of Disbursement	1L 62025						
Political Contribution			Amount of Each Disbursement this Period				
Candidate Name		Category/					
		Type	5000.00				
	ment For:						
Senate	Primary General						
State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
B. PAT ROBERTS FOR SENATE			Date of Disbursement				
- TATROBERTOTOR SENATE			M = M / D = D / Y = Y = Y				
Mailing Address PO BOX 433			02 26 2014				
City	State Zip Code KS 67530		Transaction ID : SB23.11061				
GREAT BEND Purpose of Disbursement	KS 67530						
Political Contribution			Amount of Each Disbursement this Period				
Candidate Name		Category/	5000.00				
PAT ROBERTS		Type	5000.00				
	ment For: 2014						
X Senate	Primary General						
State: KS District: 00	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
C. VOLUNTEERS FOR SHIMKUS			Date of Disbursement				
VOLONTELIKO I OK OF INVINCOO		M M / D D / Y Y Y Y					
Mailing Address P.O. Box 5458			02 25 2014				
City Springfield	State Zip Code IL 62705		Transaction ID : SB23.11058				
Purpose of Disbursement	1L 02703						
Political Contribution			Amount of Each Disbursement this Period				
Candidate Name		Category/					
JOHN M SHIMKUS		Type	5000.00				
	ment For: 2014						
Senate	Primary General						
State: IL District: 19	Other (specify) ▼						
State. IE District. 19							
SUBTOTAL of Disbursements This Page (optional).			15000.00				
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